



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION SITE NUMBER (to be assigned by HQ)

**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <b>NEPERA CHEMICAL COMPANY INC</b>		B. STREET (or other identifier) <b>ROUTE 17</b>	
C. CITY <b>HARRIMAN</b>	D. STATE <b>N.Y.</b>	E. ZIP CODE	F. COUNTY NAME <b>ORANGE</b>
G. SITE OPERATOR INFORMATION 1. NAME <b>SAME AS ABOVE</b>		2. TELEPHONE NUMBER <b>914-782-8171</b>	
3. STREET	4. CITY	5. STATE	6. ZIP CODE

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME <b>SAME AS ABOVE</b>		2. TELEPHONE NUMBER	
3. CITY	4. STATE	5. ZIP CODE	

I. SITE DESCRIPTION

**ACTIVE CHEMICAL MANUFACTURING FACILITY**

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE
---	---

C. PREPARER INFORMATION

1. NAME <b>K.M. BURGER</b>	2. TELEPHONE NUMBER <b>201-321-6661</b>	3. DATE (mo., day, & yr.) <b>6/10/80</b>
-------------------------------	--	---

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION 1. NAME <b>K.M. BURGER</b>		2. TITLE <b>ENV. SCIENTIST</b>
3. ORGANIZATION <b>EPA REG II S+A, S+M</b>		4. TELEPHONE NO. (area code & no.) <b>201-321-6661</b>
B. INSPECTION PARTICIPANTS		

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
<b>K. GIGUELLO</b>	<b>EPA REG II S+A, S+M</b>	<b>201-321-6622</b>

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
<b>MEDHAT REISER</b>	<b>MANAGER - REGULATORY AFFAIRS</b>	<b>914-782-8171</b>
<b>ROBERT DENHAM</b>	<b>ATTORNEY</b>	





## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
NOPRA CHEMICAL		WASTES ASSOCIATES WITH PYRIDINE, NIACIN NIACINAMIDE, AKOLIDE, PICOIN, NITRILES AND VARIOUS INTERMEDIATES + DERIVATIVES MANUFACTURING	

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

## G. DATE OF INSPECTION

4/22/80

## H. TIME OF INSPECTION

AM

## I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

## J. WEATHER (describe)

CLEAR

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

NONE

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
NONE		

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND☐ b. AERIAL**NONE PERMITTED**

2. PHOTOS IN CUSTODY OF:

## D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

## E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

## V. SITE INFORMATION

## A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code):

## C. AREA OF SITE (in acres)

**≈ 7**

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify):**MANUFACTURING FACILITIES**

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

**MAJOR PROBLEM IS THAT FACILITY IS STORING DRUMS OF MATERIAL ON A NON-IMPERVIOUS SURFACE AND IN ADDITION SEVERAL OF THESE DRUMS IS LEAKING**

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE☐ 2. INCINERATION☐ 3. LANDFILL☐ 4. SURFACE IMPOUNDMENT☐ 5. DEEP WELL☐ 6. CHEM/BIO/PHYS TREATMENT☐ 7. LANDFARM☐ 8. OPEN DUMP☐ 9. TRANSPORTER☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID☒ 2. SOLID☐ 3. SLUDGE☐ 4. GAS

## B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE☐ 2. IGNITABLE☐ 3. RADIOACTIVE☐ 4. HIGHLY VOLATILE☐ 5. TOXIC☐ 6. REACTIVE☐ 7. INERT☐ 8. FLAMMABLE☒ 9. OTHER (specify):**COMBUSTABLE**

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

**YES**

## III. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
≥ 1000 SSGw Bags											
(1) PAINT, PIGMENTS		(1) OILY WASTES		(1) HALOGENATED SOLVENTS		(1) ACIDS		(1) FLYASH		(1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL	
(5) OTHER(specify): WASTE TARS FROM CYANIDE PYRIDINE MANUFACTURING						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):	
						(6) CYANIDE		(6) OTHER(specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER(specify):					

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
CYANIDE PYRIDINE TARS								UNKNOWN		

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER

POTENTIAL IF DRUM STORAGE AREA IS NOT IMPROVED

☐ G. CONTAMINATION OF SURFACE WATER

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☒ J. CONTAMINATION OF AIR

AIR FACILITIES BRANCH IS CONDUCTING AN ON-GOING EVALUATION OF AIR EMISSIONS SITUATION AT THIS FACILITY

☐ K. NOTICEABLE ODORS☒ L. CONTAMINATION OF SOIL

SOIL CONTAMINATION WAS EVIDENT IN DRUM STORAGE AREA FROM LEAKING DRUMS

☐ M. PROPERTY DAMAGE

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

SEVERAL OF DRUMS OF WASTE BEING STORED WERE OBSERVED  
TO BE LEAKING

☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

# VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	SEVERAL HOMES IN AREA			
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)	REGIONAL KINDERGARTEN WITHIN 1/4 MILE			

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) <b>UNKNOWN</b>	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <b>VILLAGE OF HARRIMAN</b>	
<input type="checkbox"/> 3. SURFACE WATER	<input checked="" type="checkbox"/> 4. WELL <b>(PRIVATE) TWO ON-SITE COMPANY WELLS</b>	



Continued From Page 8

**X. WATER AND HYDROLOGICAL DATA (continued)****H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE**

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
2 ON-SITE				

**I. RECEIVING WATER**

1. NAME

☐ 2. SEWERS☒ STREAMS/RIVERS

RAMAPO RIVER

☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

**XI. SOIL AND VEGETATION DATA**

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER**XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED**

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

**XIII. SOIL PERMEABILITY**☒ UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)**G. RECHARGE AREA**☐ 1. YES☐ 2. NO

3. COMMENTS:

**H. DISCHARGE AREA**☐ 1. YES☐ 2. NO

3. COMMENTS:

**I. SLOPE**

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

**J. OTHER GEOLOGICAL DATA**

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
SPDES	NYDEC	NY000667B					

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE☐ YES (summarize in this space)

NONE KNOWN OF AT THIS TIME

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REVISED-UPDATED INFO

REGION	SITE NUMBER
II	NY 000004940

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Nepera Chemical	B. STREET NY Route 17	
C. CITY Harriman	D. STATE NY	E. ZIP CODE

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)	X		X		

E. RATIONALE FOR DISPOSITION

7 acre site with a manufacturing business in operation since the 1940's. They produce pyridine, niacin, niacinamide, picoline nitriles, picoline and various derivatives and intermediates. 1000 drums of waste are stored on a dirt surface at the site. Most of the waste consists of tars from cyano pyridine manufacturing. Some drums are leaking onto the ground while other are in poor condition. Several private residences are nearby and a regional kindergarden is a quarter mile away.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME Karl Mangels	2. TELEPHONE NUMBER 264-1573	3. DATE (mo., day, & yr.) 6/30/81
-------------------------	---------------------------------	--------------------------------------

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
b. TYPE OF MONITORING				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
c. TYPE OF SAMPLING				
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____

### III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS				
(1)				
(2)				
e. OTHER (specify)				
(1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

#### D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

#### IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

#### C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		